



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

NOV 28 2018

Ms. Katie Catchmark  
Executive Director  
Three Reading, LP  
803 Penn Street  
Reading, Pennsylvania 19601

RE: The Manor at Market Square  
License #: 205890

Dear Ms. Catchmark:

As a result of the Department's Bureau of Human Services Licensing annual inspection on August 29, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 20569 - 08/29/2018 - Novak, Ryan  
 PCH Name: THE MANOR AT MARKET SQUARE

**1. REGULATION 55 Pa.Code §2600**

2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:

- (1) The reportable incident and condition reporting procedures.
- (2) Complaint procedures.
- (3) Staff person training.
- (4) Licensing violations and plans of correction, if applicable.
- (5) Resident or family councils, or both, if applicable.

**2a. DESCRIPTION OF VIOLATION**

The home's quality management review dated 5/16/18 did not address reportable incident and conditions.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

26b

The Administrator and Resident Care Manager have been re-educated on the requirements for the Quality Management Plan including ensuring that reportable incidents and conditions are reviewed and included in the minutes.

The Regional Director of Operations will review the minutes from the next two Quality Management meetings to ensure compliance is achieved. The administrator will oversee to ensure ongoing compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page) *K Catchmark*

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page) *Katie Catchmark, PCH*

Date *09/21/2018*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 9-26-18  
 (Date)

Plan of correction implementation status as of 9-26-18  
 (Date)

The above plan of correction was approved by AG  
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20589 - 08/29/2018 - Novak, Ryan

PCH Name: THE MANOR AT MARKET SQUARE

**1. REGULATION 55 Pa.Code §2600**

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

**2a. DESCRIPTION OF VIOLATION**

On 8/10 & 8/11/18 the home served 44 residents, from 10:30p-8:30am no one in the home was certified in first aid.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

63a

The staffing schedule was immediately reviewed and adjusted to ensure that there are adequately trained staff on all scheduled shifts.

An error caused three staff members to be scheduled for a "CPR Only" course, which did not include First Aid. These staff members have subsequently been trained in First Aid. The employee responsible for scheduling was re-educated on this regulation. The Resident Care Manager will review certificates following training to ensure that the proper modules were completed.

The administrator will review the schedule prior to it being posted to ensure ongoing compliance. Result of the audits will be reported to the QA Committee.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

*K Catchmark*

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

*Kate Catchmark PCHA*

Date

*09/21/2018*

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9-26-18

(Date)

Plan of correction implementation status as of 9-26-18

(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

*AG*

(Initials)

Violation Report: 20589 - 08/29/2018 - Novak, Ryan  
 PCH Name: THE MANOR AT MARKET SQUARE

**1. REGULATION 55 Pa.Code §2600**

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

**2a. DESCRIPTION OF VIOLATION**

Ancillary staff person A, hired on 07/16/2018, did not receive the training required to be completed on or before the first day of work. This Staff Person did not complete training on evacuation procedures, staff duties & responsibilities, designated meeting place outside/interior fire safe area, smoking safety procedures/policy, location & use of extinguishers, smoke detectors & fire alarms, and telephone use and notification of emergency services.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

65a

Following the survey, the employee received the required training at the start of her next schedule shift. Employee files were audited to ensure compliance with training requirements.

A new "new hire training check list" was created to provide clearer tracking of these items.

The manager who oversees employee training and orientation as well as all hiring managers were re-educated on the training requirements.

The administrator will audit new hire files following bi-weekly orientation to ensure compliance until compliance is achieved for four consecutive cycles. Thereafter the Administrator will audit monthly to ensure ongoing compliance. The results will be reported to the QA Committee.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *K Catchmark*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Katji Catchmark PCHA</i>	Date <i>09/21/2018</i>
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 (Date)

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- Not Implemented

The above plan of correction was approved by *AG*  
 (Initials)

Violation Report: 20589 - 08/29/2018 - Novak, Ryan  
 PCH Name: THE MANOR AT MARKET SQUARE

**1. REGULATION 55 Pa.Code §2600**

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

**2a. DESCRIPTION OF VIOLATION**

Ancillary staff person A, hired on 07/16/2018, did not complete training within the first 40 hours of work in resident rights, emergency medical plan, and mandatory reporting of abuse-OAPSA.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

65b

Following the survey, the employee received the required training at the start of her next schedule shift. Employee files were audited to ensure compliance with training requirements.

The manager who oversees employee training and orientation as well as all hiring managers were re-educated on the training requirements.

The administrator will audit new hire files following bi-weekly orientation to ensure compliance until compliance is achieved for four consecutive cycles. Thereafter the Administrator will audit monthly to ensure ongoing compliance. The results will be reported to the QA Committee.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative:

(Required on EVERY Page) *K Catchmark*

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page) *Katu Catchmark PCHA*

Date *09/21/2018*

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 (Date)

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 (Initials)

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 (Date)

- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20589 - 08/29/2018 - Novak, Ryan

PCH Name: THE MANOR AT MARKET SQUARE

**1. REGULATION 55 Pa.Code §2600**

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**2a. DESCRIPTION OF VIOLATION**

The homes policy on counting narcotics is that at the change of shift staff will count and sign the controlled substance inventory sheet. On 8/23, 8/25 & 8/27/18 1st shift did not sign the sheet. On 8/26/18 2nd shift did not sign the sheet.

On 08/23/2018, the glucometer reading for resident #1 read at 378 blood glucose at bedtime and was transcribed at 318 blood glucose.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

185a

Staff who did not sign the Narcotic Count sheet were reeducated on 8/29 and 8/30 on the Narcotic Count Policy as outlined in the Policy and Procedure handbook.

A Med Tech meeting was held on September 20<sup>th</sup>. During this meeting all Med Techs were reeducated on the narcotic count policy, the purpose of the policy and the importance of following it.

The Resident Care Manager or designee will audit the Narcotic Count Sheets three times a week until compliance is achieved for four consecutive weeks; there after monthly audits will be conducted.

The results will be reported to the QA Committee. The administrator will monitor for ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Katu Catchmark*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Katu Catchmark</i>	Date <i>09/21/2018</i>
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The above plan of correction was approved by <i>AG</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20589 - 08/29/2018 - Novak, Ryan

PCH Name: THE MANOR AT MARKET SQUARE

**1. REGULATION 55 Pa.Code §2600**

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

**2a. DESCRIPTION OF VIOLATION**

Resident #2's tylenol, carbamazepine, docusate sodium, kydrasoline and lisinopril were not initialed as administered on 8/15/18. The hydralazine was not initialed as administered on 8/24/18.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The staff member involved was immediately reeducated and completed a medication investigation form. A Reportable Incident form was completed and faxed to DHS; the PCP, and POA were notified.

A Medication Administration re-education class was held on September 20<sup>th</sup> and all Med Techs were re-educated on the importance of accurately administering medication and accurately recording medication administration. Med Techs were also given a continual learning assignment relating to medication orders, administration, and frequently occurring situations. Med Techs will complete this packet and meet one-on-one with the Resident Care Manager by October 4.

To ensure that medication is being accurately administered and the administration is being documented, the Resident Care Manager or designee will audit the electronic administration log three times weekly until compliance is achieved for four consecutive weeks; thereafter monthly audits will be conducted. The administrator will monitor for ongoing compliance. The results will be reported to the QA Committee.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Kate Colchmark*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Kate Colchmark, RCHA* Date *09/21/2018*

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(Date)

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(Initials)

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- Not Implemented

Violation Report: 20589 - 08/29/2018 - Novak, Ryan  
 PCH Name: THE MANOR AT MARKET SQUARE

1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

On 08/23/2018, resident #1 received 3 units of NovoLog 100 u/ml and sliding scale reading indicated resident should have received 4 units when reading is from 351-400. Glucometer reading read at 378 for this date.

Resident #2 has an order for lisinopril 20mg twice daily, hold for systolic blood pressure less than 110. On 8/23/18 the blood pressure was 105/42, the medication was administered when it should have been held.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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187d

The Med Techs responsible for the error were re-educated on 8/30. Reportable Incident forms were completed and faxed to DHS; the PCPs, and POAs were notified.

A transcription error between the glucometer and chart was the cause of the wrong dosage of insulin being given. On 8/31 an audit was completed of all glucometers for the past 14 days comparing the readings on the glucometer to the chart. One additional error was noted, and proper notifications were made.

An audit of all medications with parameters was completed for the past 14 days to ensure there were no further errors. None were noted.

A Medication Administration re-education class was held on September 20<sup>th</sup> and all Med Techs were re-educated on the importance of following physicians' orders and careful transcription. Med Techs were also given a continual learning assignment relating to medication orders, administration, and frequently occurring situations. Med Techs will complete this packet and meet 1:1 with the Resident Care Manager by October 4.

The Administrator or designee will audit the glucometers to the record for accuracy and administration of medications with parameters three times a week until compliance is achieved for four consecutive weeks; thereafter monthly audits will be conducted. The administrator will monitor for ongoing compliance. The results will be reported to the QA Committee.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/02/2017
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *K Catchmark*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kati Catchmark PCHA</i>	Date <i>09/21/2018</i>
--	------------------------

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The above plan of correction was approved by *AG*  
 (Initials)

Violation Report: 20589 - 08/29/2018 - Novak, Ryan

PCH Name: THE MANOR AT MARKET SQUARE

**1. REGULATION 55 Pa.Code §2800**

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**2a. DESCRIPTION OF VIOLATION**

Resident #3 admitted to the home on 3/31/17, did not have an assessment completed until 9/15/17 more than 15 days after the resident's admission to the home.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

225a

During last year's annual survey held on August 2, 2017, we were cited for failure to complete initial assessments. Our plan of correction included auditing all resident charts. During that audit it was found that this resident did not have an initial assessment. This resident's assessment was completed to become in compliance following the 2017 survey.

All resident records were audited on 8/30/2018 to ensure that residents had completed initial and annual assessments. There was 100% compliance.

The Resident Care Manager will provide weekly updates on compliance to the Administrator. The administrator will complete monthly chart audits to ensure the timely completion of Assessments. The results will be reported to the QA Committee.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

*K Catchmark*

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Katu Catchmark PCHA

Date 09/21/2018

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(Date)

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(Date)

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*AG*  
(Initials)

Violation Report: 20589 - 08/29/2018 - Novak, Ryan  
 PCH Name: THE MANOR AT MARKET SQUARE

**1. REGULATION 55 Pa.Code §2600**

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

**2a. DESCRIPTION OF VIOLATION**

Resident #3 admitted to the home on 3/31/17, did not have an support plan completed until 9/15/17 more than 30 days after the resident's admission to the home.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

**227a**

During last year's annual survey held on August 2, 2017, we were cited for not completing Support Plans. Our plan of correction included auditing resident charts and it was found that this resident did not have a Support Plan. This resident's Support Plan was completed to become in compliance following the 2017 survey.

All resident records were audited on 8/30/2018 to ensure that Support Plans were in place. There was 100% compliance.

The Resident Care Manager will provide weekly updates on compliance to the Administrator. The administrator will complete monthly chart audits to ensure the timely completion of Support Plans. The results will be reported to the QA Committee.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*K Catchmark*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

*Kate Catchmark*

Date *09/21/2018*

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